

AD _____

Award Number: DAMD17-99-1-9288

TITLE: Empowering Factors among Breast Cancer Screening Compliant
Underserved Populations

PRINCIPAL INVESTIGATOR: Nasar U. Ahmed, Ph.D.

CONTRACTING ORGANIZATION: Meharry Medical College
Nashville, Tennessee 37208

REPORT DATE: October 2000

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

20010504 192

REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 074-0188

*Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503

1. AGENCY USE ONLY (Leave blank)		2. REPORT DATE October 2000	3. REPORT TYPE AND DATES COVERED Annual (1 Oct 1999 - 30 Sept 2000)	
4. TITLE AND SUBTITLE Empowering Factors Among Breast Cancer Screening Compliant Underserved Populations			5. FUNDING NUMBERS DAMD17-99-1-9288	
6. AUTHOR(S) Nasar U. Ahmed, Ph.D.				
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Meharry Medical College Nashville, Tennessee 37208 E-MAIL: nahmed@mmc.edu			8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012			10. SPONSORING / MONITORING AGENCY REPORT NUMBER	
11. SUPPLEMENTARY NOTES				
12a. DISTRIBUTION / AVAILABILITY STATEMENT Approved for public release; Distribution unlimited				12b. DISTRIBUTION CODE
13. ABSTRACT (Maximum 200 Words) <p>Breast cancer is the second leading cause of cancer deaths in all women. Breast cancer mortality can be reduced by 50% by mammography screening. Unfortunately, mammography usage is still underutilized by all groups especially low income and minority women. With insurance, the most common objective barrier removed, a vast majority of eligible women are not receiving free mammograms. However, 30% of women with comparable backgrounds to the non-compliant group have indeed obtained regular mammograms.</p> <p><i>The purpose</i> is to study these underserved compliant women who could provide clear insight regarding what triggered their behavior change, despite all barriers. <i>A novel approach</i> is to focus on what empowers these women to be successful. We believe that this research will <i>discover those key factors</i> of the success should <i>be replicable</i> in their non-compliant counterparts.</p> <p>Study participants are being selected from the claims data received from the partner Managed Care Organization, Tennessee Coordinated Care Network (TCCN). Focus group discussions suggest that as a result of their breast cancer prevention knowledge and belief in early detection, compliant women value mammography. These women also share similar characteristics: plan oriented, organized and proactive health seeking attitudes. A questionnaire has been developed to further investigate these initial findings.</p>				
14. SUBJECT TERMS Mammography, Underserved, Empowerment, Behavioral, Breast Cancer Prevention				15. NUMBER OF PAGES 53
				16. PRICE CODE
17. SECURITY CLASSIFICATION OF REPORT Unclassified	18. SECURITY CLASSIFICATION OF THIS PAGE Unclassified	19. SECURITY CLASSIFICATION OF ABSTRACT Unclassified	20. LIMITATION OF ABSTRACT Unlimited	

NSN 7540-01-280-5500

Standard Form 298 (Rev. 2-89)
Prescribed by ANSI Std. Z39-18
298-102

Table of Contents

Cover.....	1
SF 298.....	2
Table of Contents.....	3
Introduction.....	4
Body.....	5
Key Research Accomplishments.....	11
Reportable Outcomes.....	11
References.....	12
Appendices.....	
1. October 4, 1999 Meeting Follow Up Correspondence.....	
2. December 15, 1999 Meeting Agenda.....	
3. December 15, 1999 Follow Up Correspondence.....	
4. September 23, 2000 Claims Data Correspondence.....	
5. Questionnaire.....	

INTRODUCTION

Breast cancer is the second leading cause of cancer deaths in all women (1). One in every eight women in the United States will develop breast cancer (2). Breast cancer mortality can be reduced by up to 50% through regular screening and early detection by mammography (3). Unfortunately, despite numerous research and intervention efforts, mammography usage is still underutilized by all groups of eligible women (4). Low income, minority and elderly groups underutilized mammography most often. (5). Interventions to improve the rates of mammography have varying degrees of success. Many interventions are unsuccessful because they fail to address the real needs of target groups, especially underserved populations (6). Studies suggest that lack of insurance is the most common objective barrier to mammography screening behavior. Recently, changes in health care insurance options have effectively removed the objective barrier of lack of insurance. Still, a vast majority of women in the recommended age bracket are not seeking or obtaining free mammograms. However, many (30%) women with socio-cultural backgrounds and situations comparable to the non-compliant group have indeed obtained their mammograms. *The purpose* of this research is to study these underserved compliant women who could provide clear insight regarding what triggered their behavior change. Previously, numerous studies (6-9) explored and documented why target groups failed to perform healthy behaviors. Very little attention has been paid to how, despite all barriers, some women are still successful in getting a mammogram. *A novel approach* is to focus on what empowers these women to be successful. Our study would identify the specific driving forces that facilitate compliant groups to seek breast cancer screening. We believe that this research will *discover the keys to success* in screening behavior among the underserved women. The *identified key factors* of these successful underserved women should *be replicable* in their non-compliant counterparts.

BODY OF THE REPORT

This section describes the project's statement of work progress.
Table 1 summarizes the activities.

1. Months 1-6

1.1. Planning and meeting with all investigators and consultants

Meetings were held with all study investigators and consultants during October 1999. The purpose and scope of the study was reviewed and the specific goal of the meetings was to provide the Principal Investigator an opportunity to gather feedback regarding the research design, questionnaire development and overall study implementation. Those in attendance were as follows: From Meharry Medical College: Dr. Jane Fort, Social and Behavioral Psychologist, Dr. Fred Ernst, Professor and Director of Research, Department of Family and Preventive Medicine, Dr. Ron Asta Assistant Professor in Behavioral Science. Professor Ernst and Dr. Ron Asta are both Behavioral and Clinical Psychologist. From Vanderbilt University, Dr. David Schlundt, project consultant, is Associate Professor with expertise in Analytical Psychology also participated in the discussions. Newly hired Ms. Tonya Micah, Program Coordinator was also a part of these discussions.

During the meetings, the concept of the study was introduced and the best approach to the research design was explored. Specifically, meeting attendees were asked, based upon the research design, to make recommendations that would identify potential health promotion models that could effectively undergird the development of the questionnaire framework. Additionally the Principal Investigator prompted brainstorming sessions concentrating on questionnaire administration strategies and methods that may effectively lend themselves to capturing the various levels of behavioral influences that may prove to be significant links to increasing mammogram utilization among underserved women with healthcare coverage. As a result of this exchange of ideas and recommendations, it was decided that the study would use the Precede-Proceed Model to assist with the questionnaire development (10).

Table 1. Description of the Activities Accomplished According to the Statement of Work

STATEMENT OF WORK (SOW)	SOW TIMELINE	ACCOMPLISHED?	ACTUAL TIMELINE	OBSTACLES AND ADJUSTMENTS
Planning and meeting with all investigators and consultant	Month 1-6	Yes	Month 1-6	None
Hire and train staff	Month 1-6	Yes	Month 1-6	None
Meeting with MCO administrators: workout data exchange and other polices	Month 1-6	Yes	Month 1-6	None
Identify study population and select randomized sample of the subjects	Month 1-6	The Study population was identified		Due to a delay in receipt of the claims data it was not possible to randomize the sample of subjects. Expected to be complete in Month 13
Select focus group members	Month 7-12	Yes	Month 7-12	None
Conduct five focus group in-depth discussions	Month 7-12	Yes	Month 7-12	None
Analyze focus group information using qualitative analysis software	Month 7-12	Yes	Month 7-12	Analysis done
Prepare semi-structured guide questionnaire	Month 7-12	Yes	Month 7-12	Will be sent as an addendum to report once approved by MMC IRB which is expected in October 2000

The Precede-Proceed Model was selected because its overriding principle states that most enduring health behavior change is voluntary in nature and that its planning process seeks to empower individuals with understanding, motivation, and skills to actively engage in community affairs to improve their quality of life. This model clearly provides the avenue necessary to properly identify measurable behavioral influences or factors. In addition, it transitions easily from a tool for questionnaire development into the framework necessary for data analysis. The questionnaire will be administered in person.

1.2. Hire and train staff

Mrs. Tonya Micah was hired as the program coordinator. Mrs. Micah has worked several years in cancer research at Meharry Medical College and was recruited from within the institution. Her experience includes research related breast cancer prevention recruitment and education among underserved populations and she previously served as the Breast Health Education Coordinator on the DOD grant entitled Promoting Breast Cancer Screening in a Low Income Managed Care Population. Due to her experience, her orientation focused primarily upon the research design and questionnaire development using literature reviews as a foundation. Mrs. Micah has years of experience working in the community with research efforts and has a very positive working relationship with Tennessee Coordinated Care Network's Health Promotion and Disease Prevention Department. Her continued professional development during this study includes training in analysis.

1.3. Meeting with MCO administrators; workout data exchange and other policies

Tennessee Coordinator Care Network (TCCN) was contacted regarding their involvement with the study on August 27, 1999. A meeting was held with the MCO officials on October 4, 1999 (Appendix 1) at their corporate head quarters, 210 Athens Way, Metro Center, Nashville, TN 37228. During this meeting the research effort was formally introduced to TCCN corporate representatives, Mr. Yigzaw Belay, M.S., PAHM, Director, Health Promotion and Disease Prevention & Outreach and Mrs. Penni K. Dickerson, Regional Outreach Coordinator, SE Region. During the meeting the Principal Investigator successfully secured an agreement from TCCN to continue to support the breast cancer prevention activities which began with

the late Dr. Robert E. Hardy, M.D., MPH with Meharry Medical College by way of the newly funded Empowering Factors Breast Health Study.

Mr. Belay assured the study Principal Investigator that this effort would be given TCCN's full support. A second meeting was held December 15, 1999 (Appendix 2) to work out the data exchange and other policies of the partnership. This meeting focused upon identifying the study population through the use of claims data. The framework of the profile was discussed in detail and the meeting concluded with Mr. Belay requesting the study population profile be submitted to him in writing so that he could follow up with the appropriate departments with TCCN. The subject profile (Appendix 3) was submitted in writing to Mr. Belay the same week.

1.4. Identify study population and select randomized sample of the subjects.

The profile of the study population was defined during this period. The study population criteria include TennCare eligible women, between the ages of 40 and 49 who have had their screening mammograms routinely performed every one to two years, and annually beginning at age 50. Due to a delay in receiving the claims data (Appendix 4), it was not possible to perform the randomization process, or to identify the specific women to include in the study within the timeline. The claims data was received in late September 2000; the randomization will take place during the next project phase.

2. Months 7-12

2.1. Select focus group members

In light of the delay in receiving the claims data, the partner MCO was contacted to explore other alternatives to recruiting focus group participants. As a result of these discussions, focus group members were selected under the direction of Mrs. Penni Dickerson who used her Outreach staff to recruit those MCO members who fit the profile. This method of recruitment proved to be very helpful. But due to the efforts to adhere to the timeline, women with the same profile were also recruited through the Metropolitan Health Department of Nashville, Project Silver (Matthew Walker Comprehensive Health Center's Senior Program) and through Meharry Medical College. These combined efforts resulted in the

study successfully recruiting focus group participants who did fit the appropriate criteria.

2.2. Conduct five focus group in-depth discussions

To explore the influencing and/or facilitating factors that empower women to overcome actual and perceived barriers to mammography screening, focus group in-depth discussions were conducted April-May 2000 at Meharry Medical College. Eight one-hour in-depth discussions instead of five were held to accommodate the schedules of the women recruited. Twenty-five women participated.

The discussions proved to be very informative and productive. Three main topics were addressed and the women's responses are as follows:

- (1) Why did you have your first mammogram? – The majority of the women responded that they received their first mammogram because their doctor recommended it;
- (2) What helps you to get your mammogram? –The women reported that knowing their risk for breast cancer and their belief in the benefits of early detection are the primary influences that encourage them to be routinely screened. Their responses revealed that they viewed themselves as being personally responsible for their health. The women made comments and used phrases that indicated that were knowledgeable about breast cancer preventive measures such as mammography, self and clinical breast examinations. While the women did not always use the correct phrases when expressing their experiences and feelings about breast cancer, they were accurate regarding how important it is to detect diseases like breast cancer early. Many of the women shared personal stories of friends and family affected by breast cancer that was not detected early.
- (3) What really discourages you from having your mammogram?
Interestingly the focus group participants, while being screening compliant, voiced strong opinions concerning those things about mammography that they find to be personally discouraging or discouraging to their non-compliant counterparts. The women reported problems with the healthcare delivery system. Receiving poor and unprofessional service at the mammography site topped the list of healthcare delivery problems. Specifically, having to sit too long in the waiting room, dealing with technicians who do not take their time to explain the process, and that are non-responsive to signs or expressions of pain during the mammogram. One

participant commented, "I really didn't want to say anything. I felt embarrassed because I could feel myself about to cry from the pain. Deep inside I was hoping that she (the technician) would notice that I was really hurting and say something but she didn't say anything and I didn't say anything. It took a lot for me to go back after all of that". The women also reported that the time it takes to get their test results is too long. Waiting for the results was described as "being on an emotional roller coaster". One participant stated "Waiting to find out puts your life on hold; it is all you can think about. I wish they would just tell me if the mammogram found anything or not and let me go home in peace".

Despite all of these negative influences, the women's decisional balance places the lifesaving benefits of mammography above the inconveniences and discouraging factors reported. Their knowledge and belief in early detection appears to enable them to overcome these barriers. Other observations about these screening compliant women include signs that these women are punctual, organized and articulate. It was observed through group interaction that their overall problem solving and decision making ability seems to enhance their receptiveness to adopting health seeking behaviors. For example, remarks exchanged between the participants often included them sharing problem solving tips about health and/or family/relationship topics. As a result questions have been included in the questionnaire to capture some of these measures.

2.3. Analyze focus group information using qualitative analysis software

Focus group discussion data were analyzed. The Qualitative Analysis Software, NUD*IST was not utilized because the sample size is not large enough for a meaningful content analysis.

2.4. Prepare semi-structured guide questionnaire

The semi-structured questionnaire (Appendix 5) was developed during this reporting period. The questionnaire is in the final phase of refinement and has been submitted to Meharry Medical College's Internal Review Board for approval. Once the approval is received, it will be sent to DOD Regulatory Compliance and Quality Office for review. The questionnaire is comprised of items from three approved questionnaires. Additional questions were added based upon feedback gathered during the focus group discussions and literature reviews.

KEY RESEARCH ACCOMPLISHMENTS

- Planning for implementation of study is completed.
- Meetings with the partner MCO administrators were held and data exchange policies were established.
- The claims data were received from the partner MCO for the period of January 1996 through July 2000; data were used to select mammography compliant women age 40 and above for the study.
- Focus group discussions with mammography compliant women were completed.
- Focus group discussion analysis has been completed and a manuscript from the focus discussion result is in progress.
- A semi-structured questionnaire is developed and has been submitted to Meharry Medical College's Internal Review Board for approval.

REPORTABLE OUTCOMES

- A manuscript from the focus group discussion result is in progress and will be submitted for publication.

REFERENCES

1. American Cancer Society (1998). *Cancer Facts and Figures* (1997). New York: American Cancer Society.
2. P.A. Wingo, T. Tong and S. Bolden Cancer Statistics, 1995. *Ca-A Cancer Journal for Clinicians* (1995); 45 (1): 8-30.
3. S.A. Feig. Decreased breast cancer mortality through mammography screening: Results of clinical trials. *Radiology* (1988), 167:659-665.
4. Breast Cancer Screening Consortium. Screening Mammography: A missed clinical Opportunity? Results of the NCI Breast Cancer Screening Consortium and NHIS Studies. *JAMA*, (1990); 284(1): 54-59.
5. P.L. Siegel, E.L. Frazier, P Moridis, RM Breakbill, C Smith. Behavioral Risk Factor Surveillance, 1991: Monitoring progress toward the Nation's Year 2000 Health Objectives. *MMWR* (1993), 42 (SS-4) 1-29.
6. J. Sung, et al., Cancer screening intervention among black women in inner-city Atlanta - Design of a study. *Public Health Reports* (1992); 107(4), 381-8.
7. R. Michielitte, M. Dignan, H.B. Wells, L.Young, D. Jackson & P. Sharp. Development of a community cancer education program: the Forsyth County, NC, Cervical Cancer Prevention Project. *Public Health Reports*. (1989); 104 (6): 542-51
8. P. Owen, P. Long, Facilitating Adherence to ACS and NCI Guidelines for Breast Cancer Screening. Atlanta, GA: *American Cancer Society, Inc* (1990).
9. I. Rosenstock, Historical Origins of the Health Belief Model. In MH Becker (Ed.), *The Health Belief Model and Personal Health Behavior*. Thorofare, NJ: Slack. (1974).
10. K. Glanz, B.K. Rimer, *Theory At A Glance; A Guide For Health Promotion Practice*, U.S. Department of Health (1997).

October 4, 1999 Meeting Follow Up Correspondence
"Promoting Breast Cancer Screening in a Low Income Managed Care Organization"
&
"Empowering Factors Breast Health Study"

October 13, 1999

Yigsaw Belay, M.S.PH, PAHM
Director of Health Promotion and Disease Prevention and Outreach
Tennessee Coordinated Care Network
Metro Center
210 Athens Way
Nashville, TN 37228

Mr. Belay:

Thank you for meeting with Dr. Semanya, Mr. Gatebuke, Mrs. Micah and me to discuss the progress of Meharry and TCCN's current Breast Health Study which is funded by the Department of Defense and until recently fell under the leadership of Dr. Robert E. Hardy. Also thank you for allowing the fight against the mortality and morbidity of breast cancer to continue by way of the newly funded "Empowering Factors" study which is earmarked to begin it's planning phase this month.

I personally appreciate the additional extension you have granted to the intervention component of the current breast health study entitled *"Promoting Breast Cancer Screening in a Low Income Managed Care Population"*. Mrs. Tonya Micah and Mrs. Linda Morris have been in communication regarding the extension. I understand the extension will continue until the first week of November 1999. This additional time will allow a more thorough testing of the intervention model regarding the final phase which concentrates upon home visits and telephone counseling as a venue for reaching the designated women with mammography screening encouragement. And as communicated by Dr. Hardy during the earlier phase of this effort, the focus continues to be to increase the use of mammography screening among women that are under utilizing this test. With October being the national observance of Breast Cancer Awareness, I expect that this is an

1 of 2
06/09/2000, 10:53 AM
/belay.ltr/thm

ideal time for the home visits to take place. The work in Chattanooga has gone very smoothly and this is mostly attributed to the commitment of Mrs. Linda Morris and her staff. From the preliminary look at the data, it appears that the home visit component of the intervention may be better suited for the rural setting. However, these are preliminary findings. Once the intervention is complete, I will be better prepared to more fully share the outcomes and comparisons between the two sites (Nashville - Davidson County and Chattanooga - Hamilton County Areas).

As discussed in the meeting, the next time the study will need to view the claims data will be in January 2000. Please keep me abreast of your efforts to work with the TCCN computer managers regarding the delivery of this last batch of data. I am grateful that you and Mrs. Beasley are working to ensure that this simple but vital step in the breast health study will be taken care of.

Mr. Belay, I am looking forward to continuing the long and productive working relationship between Meharry and TCCN which was established by Dr. Hardy. I will keep you informed regarding both of the breast health study activities and developments. Please let me know whenever I can be of service or support to your outreach efforts. I would consider it an honor to be called upon by you to render whatever help I or my staff can provide.

Highest regards,



Nasar U. Ahmed, Ph.D.

Pc: Mrs. Ileta P. Beasley
Mrs. Penni K. Dickerson
Dr. Margaret K. Hargreaves
Dr. Kofi A. Semanya
Mr. Justin Gatebuke
Ms. LeMonica Lewis
Mrs. Tonya Micah

Meharry Medical College
Internal Medicine Department - Cancer Research
1005 D. B. Todd Boulevard · Box 57A
Nashville, Tennessee 37208

Meeting Agenda

Empowering Factors Breast Health Study

Attendees: Mr. Yigzaw Belay and Mrs. Penni K. Dickerson, Dr. Nasar Ahmed,
Dr. Jane Fort, Mrs. Tonya Micah

When: Wednesday, December 15, 1999 @ 2:00 p.m.

Location: Tennessee Coordinated Care Network
Metro Center
210 Athens Way - Suite 450
Nashville, TN 37228
***Report to the lobby and alert Mrs. Penni Dickerson ext. 2369
upon arrival.**

Type of Meeting: Planning and Exploratory

Purpose:

1. Review the research study goals, timeline and related activities for the next six to nine months.
2. Agree upon a general document of endorsement from Access Med Plus which will reflect a continuing partnership for this component of breast health study.
3. Specifically define the criteria to be used to identify Access Members who will be eligible to participate in the study.
4. Determine, based upon the subject criteria and the needs of the study, what the initial file from Access Med Plus needs to contain and in what format.
5. Focus group planning
6. Role of Community Health Outreach & Educational Services staff in supporting this effort.

Bring:

A copy of the EF study abstract, TCCN only - samples of surveys recently used by Access.



MEHARRY MEDICAL COLLEGE

CANCER CONTROL RESEARCH UNIT

*Empowering Factors among Breast Cancer Screening Compliant
Underserved Populations
(BC'98-0640) - # DAMD17-99-1-9288)*

December 27, 1999

Yigzaw Belay, M.S., PAHM, Director ✓
Health Promotion and Disease Prevention & Outreach
Tennessee Coordinated Care Network
210 Metro Center
Nashville, TN 37228

Dear Mr. Belay:

Thank you for meeting with me regarding the "Empowering Factors" breast health research study on Wednesday, December 15 at 2:00 p.m.. As usual the meeting was very productive and enjoyable. You requested during the meeting to have the subject profile sent in writing. Please find below the profile for the female subjects who would be eligible to participate in the study:

- Age Group - 40-49 & 50-50+
- Race - African American, White, & Other
- Date Range - January '96 - December '99
- Geographical Area- Nashville/Davidson County
- Mammography - For women 40-49 biannually, women 50 and older annually

The report will need to also include the following information for each eligible subject:

- Full Name
- Social Security Number
- Contact information (address including zip code and telephone number)
- Date of Birth (DOB)
- Age
- Race
- Date of Service for Mammography 1, 2, 3, 4.

page 1 of 2
December 27, 1999

I understand from the meeting that it will take approximately one month to get the preliminary report. I will call you in February regarding this report and the claims data for the study.

Thank you for your continued encouragement and support.

Best regards,



Nasar U. Ahmed, Ph.D., director

Pc: Dr. Jane Fort
Mrs. Penni K. Dickerson
Mrs. Tonya Micah



September 23, 2000

Nasar U. Ahmed, Ph.D.
Principle Investigator
Department of Defense Research Grants
Meharry Medical College, School of Medicine
1005 Dr. D.B. Todd, Jr. Blvd.
Nashville, TN 37208

Dear Dr. Ahmed:

Enclosed is the claims data file that you requested in February 2000. I have no doubt of your awareness of the introduction of a new computer system here at Access Health Systems. The conversion into a new system has resulted in a number of delays and other complications in the production and delivery of reports and other data needed for the "Breast Cancer Screening in a Managed Care Population" study. Although the process took more time than anticipated, we have managed to successfully work through all the challenges and are now ready to move forward as a partner on this study.

I want to express our strong commitment to the success of this important study and will provide our full support in this effort.

Sincerely,

Yigzaw Belay, M.S., PAHM

Director of Health Promotion, Disease Prevention and Outreach

YB/pkd

**Empowering Factors Among Breast Cancer Screening Complaint
Underserved Populations
Semi-Structured Guide Instrument**

Meharry Medical College

2000

*New Questions Added

Access...MedPLUS Code _____ Project Code Number: _____

Date of Interview (MM/DD/YY): _____

Location of Interview _____

Start time of interview _____

Has participant signed the Informed Consent? ☐ Yes or ☐ No

End time of interview _____

A. General Information	
First, I would like to ask you some general questions	
1. What month and year were you born?	
2. How many people are in your family?	
3. In your family, how many adults age 18 or older?	
4. In your family, how many children under age 18?	
5. Do you consider yourself...?	
White	1
Black	2
Hispanic	3
Other (Specify here)	4
7. What was the highest grade of school you completed?	
8. Are you?	
Married (currently)	1
Single (never married)	2
Divorced	3
Widowed	4
Legally separated	5
Refused	88
9. Has your marital status affected your ability to seek health care?	
Yes	1
If yes please describe:	
No	2
10. What is your gross monthly income?	
Less than \$425	1
\$426—\$851	2
\$851—\$1300	3
\$1300—2100	4
\$2100+	5
Don't Know	6
Refused	88

A. General Information Continued

11. What is your spouse/partner's gross monthly income?

Less than \$425	1
\$426—\$850	2
\$851—\$1300	3
\$1301—\$2100	4
\$2100+	5
Don't Know	6
Refused	88

12. Are you employed?

Yes	1
No	2

13. What do you do for a living?

14. Are you working:

Full Time	1
Part Time	2

15. If you are not working, what would you say are the reason(s) for not working? (Circle all that apply)

Believes no work available	1
Laid off	2
Couldn't find any work	3
Disability and other handicap	4
Lacks necessary schooling, etc	5
Lack of transportation	6
Can't arrange child care	7
In school or training	8
Retired	9
Family responsibilities	10
Currently looking for work	11
Ill Health	12
Other (specify here	13

A. General Information Continued	
16. What kind of insurance do you have?	
Medicaid	1
Medicare	2
TennCare	3
If TennCare, which MCO	4
HMO (specify)	5
Other – specify here:	6
17. Does your insurance pay for most of the cost of a doctor's visit?	
Yes	1
No	2
18. How much is your co-payment?	\$.
19. Do you know your Managed Care Organization's (MCO) transportation provider?	
Yes	1
No	2
N/A	3
20. Do you currently have a regular medical doctor you usually go to if you are sick or need advice about a medical problem?	
Yes	1
No	2
21. Is this doctor the same as your assigned primary care provider?	
Yes	1
No	2
22. If no, what type of doctor do you usually see?	
23. Are you satisfied with all the services your doctor or health care provider gives you? (if no skip reasons for satisfaction)	
Yes (If yes go to next applicable question)	1
No	2
Not sure	3

A. General Information Continued

24. If you were satisfied by your doctor's services, what are the main reasons for your satisfaction?

CHECK ALL THAT APPLY (DO NOT READ ALOUD)

Doctor makes it easy to get an appointment	1
Less waiting time	2
Doctor gives fast services	3
Doctor takes my phone calls	4
Doctor seems interested in my health	5
Doctor answers my questions about health care	6
Doctor always listening to my concerns	7
Doctor's staff respects me and is friendly	8
Other reasons (specify)	9

25. If you were not satisfied by the services provided to you by your doctor or health care, what are the main reasons for your dissatisfaction? Check All That Apply. (Do Not Read Aloud).

Difficult to have an early appointment	1
Long waiting time	2
Long or extended time in the office	3
Cannot get help on the phone	4
Doctor does not seem interested in my health	5
Doctor does not answer my questions about health care	6
Doctor not always listening to my concerns	7
Doctor's staff do not respect me	8
*Unable to personally speak to the doctor or provider	9
*Doctor or healthcare practitioner too old	10
*Doctor or healthcare practitioner too young	11
*Doctor is from a different race	12
Other reasons (specify)	13

A. General Information Continued

26. Where do you usually go when you are sick or need advice about your health?	
Nowhere	1
Doctors office or private clinic	2
Company or school health clinic	3
HMO (health maintenance organization)	4
VA hospital or clinic	5
Community health clinic	6
Hospital outpatient clinic	7
Hospital emergency room	8
Some other places (describe)	9
27. During the past 2 years, have you delayed seeking medical care because of worries over insurance or cost?	
Yes	1
No	2

A. General Information Continued

28. How worried or concerned are you about	Very Much	Some	A Little	None	N/A	Personal	In General
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
a. Health	1	2	3	4	5	6	7
b. Marriage/relationships	1	2	3	4	5	6	7
c. Children	1	2	3	4	5	6	7
d. Finance/Money	1	2	3	4	5	6	7
e. Illness or death in family	1	2	3	4	5	6	7
f. Job/Work	1	2	3	4	5	6	7
g. Addiction/Substance abuse	1	2	3	4	5	6	7
h. Violence	1	2	3	4	5	6	7
i. Others (Specify)	1	2	3	4	5	6	7

29. Which are the 3 things that worry you most, starting with the most important as number 1?

a.	
b.	
c.	

A. General Information Continued

30. Do you take prescription medication on a regular basis?

Yes

1

No

2

31. During the past 12 months, was there anytime when you needed a prescription medication but could not afford it?

Yes

1

No

2

32. Do you think you need to have regular physical exams?

Yes

1

No

2

a. If YES, what are the reasons you think you need a physical exam?

Specify here:

b. If NO, what are the reasons you think you don't need regular physical exams?

Specify here:

A. General Information Continued

33. During the past 1 or 2 years, have you done any of the following health prevention activities (check all that apply)?	Test Done	Reason for Test
Blood pressure checked	1.	
Blood sugar checked	2.	
Cholesterol checked	3.	
Skin cancer screening	4.	
Pap smear	5.	
Eye examination	6.	
Hearing test	7.	
Complete physical	8.	
Dental checkup/cleaning	9.	
Rectal exam	10.	
Physician breast exam	11.	

Reasons for test being done. Use assigned number in previous question.

Part of a routine check up	1.
Because of a related problem (or risk factors)	2.
Because I had this problem	3.
Because a family member had this problem	4.
My doctors asked me to do so	5.
My friends suggested me	6.
Other (specify here):	7.

34. Do you have any illness, physical disability, or handicap that hampers day to day activities?

Yes	1
If yes, specify here:	
No	2

B. Health Risk Factors

1. How interested are you in getting help in each of the following activities?	Not interested (1)	Somewhat interested (2)	Very interested (3)	Already enrolled or participating Yes 4 or No 5	N/A (6)
a. Losing weight	1	2	3	4	5
a. Exercise	1	2	3		4
b. Stop smoking	1	2	3	4	5
c. Stop drinking	1	2	3	4	5
d. Healthy eating/Nutrition	1	2	3	4	5
e. Child rearing/parenting	1	2	3	4	5
f. Stress and emotional problems	1	2	3	4	5
g. Career/Job training	1	2	3	4	5
h. Cancer screening	1	2	3	4	5

2. Has any doctor ever advised /told you about the following:	Yes (1)	No (2)	Refused (88)
a. Diet	1	2	88
b. Exercise	1	2	88
c. Smoking	1	2	88
d. Cancer screening	1	2	88
e. Eye exam	1	2	88
f. Heart disease	1	2	88
g. Stroke	1	2	88
h. Cholesterol	1	2	88
i. Diabetes	1	2	88
j. Stress	1	2	88

B. Health Risk Factors Continued

2. Please answer yes or no to the following questions:	Yes (1)	No (2)	Refused (88)
3. Do you think that you are overweight?	1	2	88
4. Do you exercise regularly?	1	2	88
5. If yes, what activities?			

6. If you do exercise, how often do you exercise?	
Every day	1
1 to 3 times a week	2
At least once a month	3
Don't know	4
Refuses to answer	88

7. Do you belong to any clubs, organizations, church or groups?	
Yes	1
No	2
If yes, please list here	a.
	b.
	c.

Please answer yes or no to the following questions	Yes (1)	No (2)	Refusal (88)
8) Do you smoke or use tobacco now?	1	2	88
9) Have you smoked 5 packs of cigarettes in your lifetime?			
10) How old were you when you started smoking?			
11) Who introduced you to smoking?	1	2	88
12) If you ever smoked, how long did you begin smoking cigarettes?	1	2	88
13) If you ever smoked, who introduced you to cigarettes?			
14) Who else in your family smokes or has ever smoked?	e) Brother f) Grandmother g) Grandfather h) Other _____		
a) Spouse/Partner			
b) Mother			
c) Father			
d) Sister			

B. Health Risk Factors Continued

15) If you no longer smoke, how long ago did you quit?

16) Who advised or help you to quit smoking?

17) And what was done or said to help you quit smoking?

C. Personal Style

Please tell me whether or not the following statements are true for you.	True	False	Not sure
1. *If I am unable to keep an appointment I call ahead and re-schedule	1	2	3
2. *My family and friends often seek my advice when faced with difficult situations	1	2	3
3. *Others consider me a dependable person	1	2	3
4. *I seldom miss appointments	1	2	3
5. *I keep important information like appointments and personal plans written down	1	2	3
6. *I do most things I set out to do	1	2	3
7. *I generally arrive at places on time	1	2	3
8. *I usually look at my calendar before making plans	1	2	3
9. *I believe there is healing power in prayer, meditation and faith in God.	1	2	3

C. Personal Style Continued

10. Who would you trust the most for advice about the following decisions? (only one answer)

1. Self

2. Father

3. Mother

4. Spouse/partner

5. *Children

6. Pastor/Minister

7. Doctor/Nurse

8. Police

9. Hospitals/Clinics

10. Local Gov't

11. Federal Govt

12. Male friend(s)

13. Female friend(s)

14. Other (specify)

- a. Health & Medical issues (preventive services such as mammogram screening surgery, taking medications, etc) _____
- b. Money and finance (borrowing, investing, etc.) _____
- c. Marriage & Relationships _____
- d. Divorce / separation _____
- e. Education / adult learning _____
- f. Counseling/ therapy _____
- g. Smoking / drinking / drugs _____
- h. Work / job _____
- i. Raising children _____
- j. Violence issues _____

D. Access & Utilization Section

Please indicate whether the following statements are true for you.	Yes	No	No opinion
1. *I can get my clinical breast exam and mammogram at work.	1	2	3
2. *I feel better when my mammogram records are being kept at one location.	1	2	3
3. *I prefer to be seen by physicians/nurses that are of my same race.	1	2	3
4. *The location of my last mammogram was convenient	1	2	3
5. *I prefer a female physician	1	2	3
6. *It would be helpful to me if the healthcare facilities were open during late evenings and weekends	1	2	3
7. *The staff at the mammography facility makes me feel comfortable	1	2	3
8. *I receive my mammograms at a place with which I was already familiar before being sent.	1	2	3
9. *I have a high co-pay which could delay me seeking medical services	1	2	3
10. *I have a high deductible which could delay or keep me from seeking medical services	1	2	3
11. *I refuse to be treated or seen by someone other than my own doctor	1	2	3
12. I am afraid to go for health care because the place I have to go is in a dangerous place.	1	2	3
13. *I don't get health care because I will lose pay or time at work	1	2	3
14. I do not receive the proper treatment from the healthcare system because of my race.	1	2	3
15. I do not receive the proper treatment from the healthcare system because I do not have a lot of money.	1	2	3

E. Breast Cancer History

1. Is there anyone in your family who has had any type of cancer?						
Yes		1				
No		2				
Don't know		3				
Refusal		88				
2. What type?	(circle all that apply)	a. Breast	b. Colon	c. Prostate	d. Lung	e. Cervical
		f. Bladder	g. Bone	h. Stomach	i. Liver	j. Pancreas
Fill in other types of cancers here.						

E. Breast Cancer History Continued

2) *From the following list of relatives, do you have any which are related to you by blood, that have had breast cancer?	Yes	No	Don't Know
a) Mother	1	2	3
b) Grandmother(s)	1	2	3
c) Aunt(s)	1	2	3
d) Sister(s)	1	2	3

Please tell me whether or not you have had or been told the following:	Yes	No	Refusal
	1	2	3
3. Have you ever had breast cancer?	1	2	3
4. Have you ever been told by a doctor that you have some kind of breast condition, but that it is not breast cancer?	1	2	3

F. Breast Cancer Screening Knowledge, Attitudes

3. In your opinion, how likely is it that you will get breast cancer in your lifetime?	
Very Likely	1
Somewhat Likely	2
Somewhat Unlikely	3
Very Unlikely	4
Don't Know	7
Refusal	88

Can you name any examinations that can be done to find breast cancer in its very early stage? (Do not read but circle all mentioned and then ask, "any others?")	
Breast Self Examination	1
Doctor or Nurse perform clinical breast examination	2
Chest x-ray	3
Mammography	4
Other (specify)	5
Don't Know	7
Refusal	8

F. Breast Cancer Screening Knowledge, Attitudes Continued

3. What do you think are some warning signs or symptoms of breast cancer? (Do not read. Check all mentioned. After respondents give their answers, ask, "any others?")		
Lumps in breast		1
Shortness of breath		2
Pain, soreness, burning in breast		3
Nausea		4
Cloudy or bloody discharge from nipple		5
Swelling or enlargement of one breast		6
Change in shape of breast or nipple		7
Discoloration		8
Puckering of the skin of the breast		9
Enlargement of lymph nodes		10
Unusual swelling of the upper arm		11
Don't know		12
Other (specify) here:		13
Refusal		88

F. Breast Cancer Screening Knowledge, Attitudes (BSE)

Please answer the following Breast Self Examination Questions	Yes	No	Refusal
1) Do you know how to examine your breasts for lumps? (if no skip the next question)	1	2	88
2) Do you examine your breast for lumps?	1	2	88
Circle the choice, which is closest to the response.			
3) How often do you examine your breast for lumps?			
Whenever she thinks about it			1
Yearly			2
Monthly			3
Weekly			4
Daily			5
Refusal			88

F. Breast Cancer Screening Knowledge, Attitudes (BSE Continued)

4) Who taught you how to examine your breasts?	
Doctor	1
Nurse	2
Other health professional	3
Mother	4
Friend	5
Sister	6
Relative	7
Video	8
Read in a book, magazine, etc.	9
Learned in class or meeting	10
Other (specify here):	11

(For subjects who answer no to examining their breast)

5) Women have many reasons for not examining their breasts. What would you say are the reasons you do not examine your breast?	
Doctor or nurse does it	1
Husband or partner does it	2
No cancer in the family	3
Afraid of what I might find	4
Doctor said not necessary	5
I couldn't find anything	6
Can't remember to do it	7
Just don't do it	8
Don't know how to do it	9
Other (Specify)	10
Refusal	11

F. Breast Cancer Screening Knowledge, Attitudes (BSE Continued)

Women have many reasons for not examining their breasts. What would you say are the reasons women do not examine their breast?

Doctor or nurse does it	1
Husband or partner does it	2
No cancer in their family	3
Afraid of what they might find	4
Doctor said not necessary	5
They couldn't find anything	6
Can't remember to do it	7
Just don't do it	8
Don't know how to do it	9
Other (Specify)	10
Refusal	11

Clinical Breast Examination Practices

1) How much have you heard about a clinical breast examination, which is when the breast is felt for lumps by a doctor, nurse or medical assistant?

Nothing at all	1
Very little	2
Fair amount	3
Great deal	4

2) About how often should a woman at your age have a clinical breast exam?

Weekly	1
Monthly	2
Yearly	3
Less than once a year	4
Only when there is a problem	5
Only when a doctor or nurse recommends it	6
Don't know	7
Refusal	8

F. Breast Cancer Screening Knowledge, Attitudes Continued (CBE Continued)

3) When did you have your last clinical breast exam?	
Within the last year	1
Between 1 and 2 years ago	2
Between 2 and 5 years ago	3
More than 5 years ago	4
Don't know	5
Refusal	8

4) Have you ever had a clinical breast exam where the results were not normal? Not normal" meaning a problem found in the breast.	Yes 1	No 2	RF 3
5) Did your doctor ask you to have additional tests because your results were not normal?	1	2	3
6) Did you have any additional tests?	1	2	3
7) Did you have any surgery or other treatment?	1	2	3
8) Did the breast exam, additional tests, surgery or other treatment indicate that you had breast cancer?	1	2	3
9) If yes, in which year? And in which hospital? (fill here):			

Mammogram

1) How much have you heard about a mammogram which is when an X-ray is taken only of the breast by a machine that presses the breast while the picture is taken?	
Nothing at all	1
Very little	2
Fair Amount	3
Great Deal	4
RF	88

2. About how often should a woman at your age have a mammogram?	
Weekly	1
Monthly	2
Yearly	3
Less than once a year	4
Only when there is a problem	5
Only when a doctor/nurse recommends	6
DK	7
RF	88

3. Has a doctor or nurse ever recommended that you have a mammogram?	
Yes	1
No	2
RF	88

4. When did you have your very first mammogram?	
Within the last year	1
Between 1 and 2 years ago	2
Between 2 and 5 years ago	3
More than 5 years ago	4
DK	7
RF	88

F. Breast Cancer Screening Knowledge, Attitudes Continued (Mammogram Continued)

5. Women have many reasons for not having mammogram. What would you say are the reasons women do not get mammograms?

Procrastination	1
Don't know they should	2
Not needed	3
Cost too much	4
No insurance coverage	5
Don't go to the doctor's office	6
Don't have a doctor	7
Not recommended	8
Too embarrassing	9
Haven't had any problems	10
Fear	11
Don't know where to go	12
Haven't thought about it	13
Could not remember to schedule one	14
Don't trust doctors/health system	15
Afraid doctor might find cancer	16
Other (Specify)	17
RF	88

6. What would you say are the main reasons that you had a mammogram?
(circle those reasons given)

Because of a breast problem	1
Because I already had breast cancer	2
I know it can save my life	3
My relative(s) (mother, aunt, etc) had breast cancer	4
My friends recommended it	5
I attended a health fair	3
I read the pamphlet of the NCI (ACS)	7
My doctor recommend it or referred me	8
My doctor made me understand the benefit	9
My insurance covers the service	10
Better to find out now than be surprised later	11
My church / club arranged it	12
Other reason specify here:	13

F. Breast Cancer Screening Knowledge, Attitudes (Mammogram Continued)	
7. When did you have your last mammogram?	
Within the last year	1
Between 1 and 2 years ago	2
Between 2 and 5 years ago	3
More than 5 years ago	4
DK	7
RF	88
8. Have you ever had a mammogram where the results were not normal? "Not normal" meaning problems found in the breast.	
Yes	1
No	2
RF	88
9. Did your doctor ask you to have additional tests because your results were not normal?	
Yes	1
No	2
RF	88
10. Did you have any additional tests?	
Yes	1
No	2
RF	88
11. Did you have any surgery or other treatment?	
Yes	1
No	2
RF	88
12. Did the mammogram, additional tests, surgery or other treatment indicate that you had breast cancer?	
Yes	1
No	2
RF	88
13. If yes to question 30, in which year?	
14. If yes, in which hospital?	

F. Breast Cancer Screening Knowledge, Attitudes (Knowledge & Attitude)

I am going to read a series of statements about breast cancer. Please tell me whether you strongly agree, agree, disagree, strongly disagree or undecided with each statement.	Strongly Agree 1	Agree 2	Undecided	Disagree 4	Strongly Disagree 5	RF 88
1. Many women are concerned about the possibility of getting breast cancer.	1	2	3	4	5	88
2. Women over 50 are more likely to get breast cancer.	1	2	3	4	5	88
3. Women whose mothers or sisters have had breast cancer are most likely to get breast cancer.	1	2	3	4	5	88
4. Women under 50 are more likely to get breast cancer.	1	2	3	4	5	88
5. Any woman is likely to get breast cancer.	1	2	3	4	5	88
6. If breast cancer is found and treated early it can be cured.	1	2	3	4	5	88
7. Women who have their first child after age of 30 are more likely to get breast cancer.	1	2	3	4	5	88
8. If a woman has a lump in her breast it is almost always breast cancer.	1	2	3	4	5	88
9. I worry about getting breast cancer	1	2	3	4	5	88
10. By doing a self-breast exam often, it is possible to find breast cancer in time to cure it.	1	2	3	4	5	88
11. Women who do not have children are more likely to get breast cancer.	1	2	3	4	5	88
12. Mammography is not needed if breast Cancer does not run in your family.	1	2	3	4	5	88
13. I believe if I had breast cancer I would be able to look at my breast and know.	1	2	3	4	5	88
14. How much have you heard about current treatment allowing the doctor to remove only the part of the breast that has the cancer if it is detected very early?						
Nothing at all						1
Very little						2
Fair amount						3
Great deal						4
RF						88

F. Breast Cancer Screening Knowledge, Attitudes (Knowledge & Attitude Continued)

For each of the following statements about breast cancer, please indicate your choice.

	Strongly Agree 1	Agree 2	Undecided 3	Disagree 4	Strongly Disagree 5	RF 88
15. Getting the disease is a death sentence for most people.	1	2	3	4	5	88
16. If I had the disease, I would rather not know about it.	1	2	3	4	5	88
17. There are some things I can do to prevent getting the disease.	1	2	3	4	5	88
18. Getting tested for the disease is very painful.	1	2	3	4	5	88
19. It's too late for me to start worrying about the disease now.	1	2	3	4	5	88
20. What people eat or drink doesn't affect whether they will get the disease.	1	2	3	4	5	88
21. Having an operation for the disease can expose it to the air and cause it to spread.	1	2	3	4	5	88
22. Disease treatment costs so much that it that it would probably be more than I can afford.	1	2	3	4	5	88
23. Getting treated for the disease is often worse than having it.	1	2	3	4	5	88
24. If treated for the disease early one will be more likely to return to a normal life.	1	2	3	4	5	88
25. Getting proper treatment for the disease is easy.	1	2	3	4	5	88
26. The disease only strikes older people.	1	2	3	4	5	88
27. Eating high fiber foods (bread) decrease the risks of getting the disease.	1	2	3	4	5	88
28. Having other family members who had cancer.	1	2	3	4	5	88

G. General Health Knowledge

I am going to read a series of statements about behaviors. Please tell me whether you believe that these behaviors would make it more or less likely to get cancer.	Make it more likely 1	Won't make any difference 2	Make it less likely 3	Not sure 4	RF 88
1. Eating lots of fresh fruits and vegetables.	1	2	3	4	88
2. Smoking cigarettes or chewing tobacco	1	2	3	4	88
3. Getting exercise	1	2	3	4	88
4. Having radiation treatment or x-rays	1	2	3	4	88
5. Having a lot of stress in your life	1	2	3	4	88
6. Eating foods high in fat, such as bacon, sausage, cold cuts, oils, margarine and dairy products such as whole milk and butter	1	2	3	4	88
7. Being Black	1	2	3	4	88
8. Being White	1	2	3	4	88
9. Getting a bump or hard hit to the body	1	2	3	4	88
10. Eating high fiber foods such as whole grain breads and cereals, fruits, vegetables	1	2	3	4	88
11. Drinking alcohol.	1	2	3	4	88

G. General Health Knowledge Continued

Now, I am going to ask you some questions about your health knowledge, attitudes and exams.

12. How would you say your health is in general?

Poor	1
Fair	2
Good	3
Excellent	4
No opinion	5
RF	88

13. How would you say your health is compared to other women who are close to you in age?

Much worse	1
Worse	2
Same	3
Better	4
Much better	5
RF	88

14. How serious do you think breast cancer is as a health problem for women?

Not so serious	1
Somewhat serious	2
Very serious	3
RF	88

15. Have you have your most recent general physical examination?

Year	
Month	
RF	88

G. General Health Knowledge

16. I am going to read a list of factors; in your opinion, which are the ones you think would increase a person's chance of getting cancer. (circle choices)

High blood pressure	1
Diabetes	3
High cholesterol	4
Being overweight	5
Family history	6
Lack of exercise	7
Growing Older	8
Too much sugar	9
Drug use	10
High fat diet	13
Too much salt	14
Caffeine	15
Sudden Weight Loss	16
Unprotected sex	17
Promiscuous sex (Multiple sexual partners)	18
Chewing Tobacco	19
Being Female	20
Being Male	21

II. Barriers to Cancer Screening

For each statement, check the one answer that comes closest to the way you feel	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4	Undecided 5	RF 88
1) Cancer treatment would be worth going through if there was a small chance that it would save my life	1	2	3	4	5	88
2) There is very little a person can do to reduce his/her chances of getting cancer	1	2	3	4	5	88
3) Having a check-up once a year is worth the time and effort.	1	2	3	4	5	88
4) I have doubts about some of the things doctors say they can do for you.	1	2	3	4	5	88
5) I am aware of the health services in my community	1	2	3	4	5	88
6) I would have a mammogram (breast x-ray) only if my doctor recommended it.	1	2	3	4	5	88
7) I would seek more medical services if they were not expensive.	1	2	3	4	5	88
8) I am usually afraid of what the doctor will find.	1	2	3	4	5	88
9) Breast exams embarrass me.	1	2	3	4	5	88
10) Exposure to radiation during a mammogram concerns me.	1	2	3	4	5	88
11) I appreciate reminders about my medical appointments.	1	2	3	4	5	88
12) Not having transportation makes it difficult for me to keep medical appointments.	1	2	3	4	5	88
13) The cost of medical care keeps me from going to the doctor.	1	2	3	4	5	88
14) It takes a long time to get an appointment to see a doctor	1	2	3	4	5	88
15) Doctors make me feel uncomfortable.	1	2	3	4	5	88
16) Getting the time off work makes it difficult for me to go to the doctor.	1	2	3	4	5	88

H. Barriers to Screening Continued.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4	Undecided 5	RF 88
17. The chance of finding something wrong keeps me from seeking medical advice.	1	2	3	4	5	88
18. Doctors take their time when explaining medical procedures to me to make sure I understand.	1	2	3	4	5	88
19. Instead of going to the doctor when I do not feel well, I just take it easy for a while.	1	2	3	4	5	88
20. Privacy is important to me during my visit to health care facilities.	1	2	3	4	5	88
21. I am afraid of the pain I may feel when I visit a health care facility.	1	2	3	4	5	88
22. * Receiving proper respect when and courtesy during my exam is very important	1	2	3	4	5	88
23. * Thinking or talking about breast cancer too much could cause me to get it.	1	2	3	4	5	88
24. * I am too healthy to get breast cancer	1	2	3	4	5	88
25. * I do not believe I will ever get breast cancer because I take such great care of myself	1	2	3	4	5	88
26. * I am not comfortable with allowing a stranger to touch my breast, even though it is a health professional.	1	2	3	4	5	88
27. * I do not like student doctors being involved with my care or exam without my permission in advance.	1	2	3	4	5	88
28. * I don't like to ask the doctor a lot of questions because s/he does not have time.	1	2	3	4	5	88

H. Barriers to Cancer Screening Continued	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4	Undecid ed 5	RF 88
29. *I would only have a mammogram if there were a problem with my breast.	1	2	3	4	5	88
30. *I don't need a mammogram because I perform my monthly breast self-examination.	1	2	3	4	5	88
31. *Some women probably do not have mammograms because they do not like exposing their breast during the exam.	1	2	3	4	5	88
32. *Mammography produces too many negative feelings.	1	2	3	4	5	88
33. *I am not ashamed of my body	1	2	3	4	5	88
34. *I believe the size of my breast make it hard for me to get a good mammogram.	1	2	3	4	5	88
35. *Sometimes the mammogram technician is rude, non-caring, unhelpful and not patient enough.	1	2	3	4	5	88
36. *When having my mammogram, I fear the technician telling me that they need to repress my breast to get a better picture	1	2	3	4	5	88

I. Empowering Factors		
I am going to read the following statements and you tell me whether or not it applies to you.	Yes	No
1. * It is up to me to work with my doctor to protect myself from cancer.	1	2
2. * Having a mammogram reassures me that I have done my part toward protecting my breast health.	1	2
3. * Having a mammogram makes me feel better about myself.	1	2
4. * My spouse encourages me to get my mammogram.	1	2
5. *Having regular mammograms is very important to my family		
6. * Having regular mammograms is very important to my friends.	1	2
7. * I am able to talk about health issues such as breast cancer with my family and friends	1	2
8. * I personally know someone how has had breast cancer	1	2
9. * I personally know someone who has died from breast cancer	1	2

G. General Health Knowledge Continued

* I realize that I am at risk for breast cancer because I know someone who has it or has been previously diagnosed with the disease. Yes 1 No 2

I am going to read you a list of possible sources of information. For each source, please tell me if you have received any information from them about preventing cancer.

In the past 2 years, have you received information from (ITEM):

	Yes(1)	No (1)
a Cancer Information Service phone line (800-4-Cancer)	1	2
b Organizations such as the American Cancer Society	1	2
c *Access Med..PLUS	1	2
d Your friends, co-workers, family or relatives	1	2
e Your doctor, nurse or health care provider	1	2
f Community/groups	1	2
g Place where you work	1	2
h Hospitals/Health Clinic	1	2
i Health fairs	1	2
j Hair stylist/barber	1	2
k Church	1	2
l Posters and bulletin boards	1	2
m Newspapers	1	2
n Magazines, books and pamphlets	1	2
o Radio	1	2
p Television	1	2
q Audio or video tape	1	2

12. *From the above sources that you received information, which helped you to decide to get a mammogram? _____

13. *Of those, which was most helpful? _____

Final Thoughts Concerning Mammography

1. *Please share with me how you first learned about mammography?

2. *How old were you?

3. *Before your first mammogram, what did you expect the experience to be like?

**4. *Was there anything about the thought of having the test that made you really
hesitate?**

5. ***When you thought about being screened, was there anything in your mind that made you feel like backing out or delaying the test?**

6. ***After your first mammogram appointment was scheduled, did you keep the appointment?**

7. ***If not, what happened?**

8. ***If not, how long did it take you to reschedule the appointment?**

9. ***If you kept the appointment despite some personal worries or concerns, how did you overcome those feelings?**

10. ***If you originally canceled then re-scheduled and kept you mammogram appointment, did anyone or anything specifically help you to decide to go through with the test?**

11. ***If you could only tell another woman three things to encourage her to have her mammogram done, what would those three things be?**

1.

2.

3.

END

END TIME:

INTERVIEWER:

THANK THE RESPONDENT FOR PARTICIPATING.

EFCQ